



# Declaration for Nomination and Oath of Candidacy

FOR FILING  
OFFICE ONLY

Filed this 27 day of April, 2021  
Document # \_\_\_\_\_  
Fee Paid: ☐ cash ☐ check ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NEIGHBORHOOD COUNCIL #9 ☐ Name of Political Party ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable

Candidate Name (printed exactly as it should appear on the ballot): BERNARD DANISHEFSKY  
Mailing Address: 2204 4TH AVES. GREAT FALLS 59405  
Street or PO Box City Zip  
Residence Address: 2204 4TH AVES. GREAT FALLS 59405  
Street City Zip  
County of Residence: CASCADE Home/Mobile Phone: 454-2933 Work Phone: NONE  
Email Address: BDANISHNC9@YAHOO.COM Website Address: NONE

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☒ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☒ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ N/A is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Bernard Danishefsky  
Signature of Candidate

3/11/21  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of CASCADE

Signed and sworn to before me this 11 day of MARCH, 2021 by BERNARD DANISHEFSKY  
Printed Name of Candidate

Joclyn Hotine  
Signature of Notary or Public Official

JOCLYN HOTINE  
Printed Name of Notary Public

Notary Public for the State of MONTANA

Residing at: GREAT FALLS

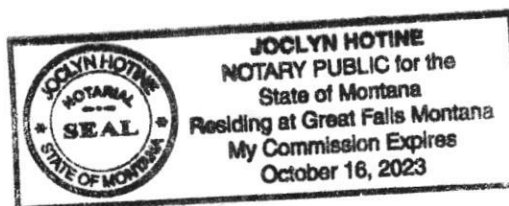
My commission expires: OCT 16, 2023

**Where to file for Federal, Statewide, State District and Legislative offices:**

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sos.mt.gov](http://sos.mt.gov)  
By Fax: 406-444-2023

**Where to file for County, City and most Local District offices:**

County Election Office  
A list of county election offices may be found at: [sos.mt.gov/elections](http://sos.mt.gov/elections)







# Declaration for Nomination and Oath of Candidacy

APR 22 2021

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NEIGHBORHOOD COUNCIL #9 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): KAREN M GRAY

Mailing Address 2300 8th Ave S City and State GREAT FALLS MT Zip Code 59405

Residence Address 2300 8th Ave S City and State GREAT FALLS MT Zip Code 59405

County of Residence CASCADE Contact Phone 406-750-2590 Email Address GRAYAREAMT@CHARTER.NET Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
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FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 16 day of March 2021 by Karen M. Gray  
Printed Name of Candidate

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Great Falls

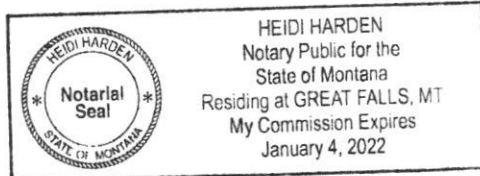
My commission expires: Jan. 4, 2022

Where to file Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

Where to file County, City and most  
Local District offices:

County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](http://sosmt.gov/elections)



[SEAL/STAMP]



# Declaration for Nomination and Oath of Candidacy

RECEIVED  
MAY 10 2021

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NEIGHBORHOOD COUNCIL #9 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): SCOTT MIRANTI

Mailing Address 2711 4th Ave So. City and State GF MT Zip Code 59405

Residence Address SAME City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence CASCADE Contact Phone 4064251631 Email Address SCOTT.MIRANTI@GMAIL.COM Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

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☒ I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE -- FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ 0.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

[Signature]  
Signature of Candidate

5-10-21  
Date

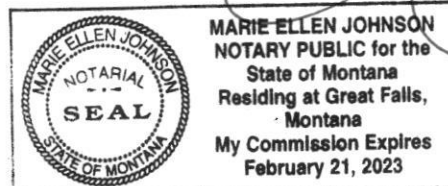
NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana  
County of CASCADE

Signed and sworn to before me this 10 day of May, 2021 by Scott Miranti  
Printed Name of Candidate

**Where to file Federal, Statewide, State District and Legislative offices:**  
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

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[Signature]  
Signature of Notary or Public Official

Printed Name of Notary Public  
Notary Public for the State of \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_, 20\_\_\_\_





# Declaration for Nomination and Oath of Candidacy

APR 30 2021

FOR FILING OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council #9 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Shannon R. Wilson

Mailing Address PO Box 102 City and State Great Falls, MT Zip Code 59403

Residence Address 1201 6<sup>th</sup> Ave So. #7 City and State Great Falls, MT Zip Code 59405

County of Residence Cascade Contact Phone 406-750-1390 Email Address montanametalgirl@gmail.com Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
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I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Shannon R. Wilson  
Signature of Candidate

29 Apr 2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 29<sup>th</sup> day of April, 2021 by Shannon Wilson  
Printed Name of Candidate

Nicole Holly  
Signature of Notary or Public Official

Nicole Holly  
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls

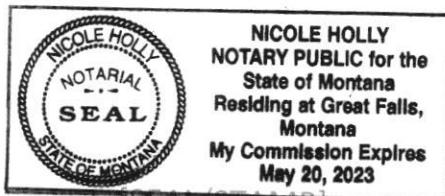
My commission expires: 5/20, 2023

## Where to file Federal, Statewide, State District and Legislative offices:

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2<sup>nd</sup> Floor, Room 260  
Helena, MT 59620  
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[SEAL/STAMP]

